



**Camau Cynnar
gyda'n Gilydd**
**Early Action
Together**

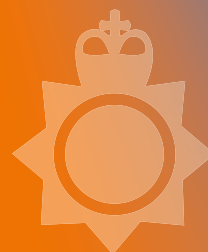
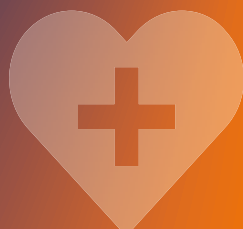
Rhaglen ACEau yr Heddlu a Phartneriaid
Police & Partners ACEs Programme

Enabling early intervention and prevention in the policing of vulnerability: An executive summary

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Enabling early intervention and prevention in the policing of vulnerability:

An executive summary

Nationally, vulnerability is an area of high demand, which places considerable strain on services across the UK, including police and social care. As a universal service easily accessible to the public, the police are well placed to identify and respond to vulnerable individuals. This is supported by a growing body of research which has evidenced that more often than not, crime and vulnerability do not operate in isolation to one another.¹ However, currently the police experience a number of challenges when responding to lower level vulnerability demand.² Traditionally, police services rely heavily on the completion of police referrals for vulnerable individuals, which are passed onto statutory services for assessment and intervention. Recent research has shown that the vast majority of these referrals are closed with no further action,² suggesting that while police are identifying vulnerability, these individuals do not receive any statutory intervention. There is an increasing call for police to work collaboratively with partners to identify alternative pathways for vulnerable individuals to signpost to support and intervention that more appropriately addresses their needs, and at an earlier point.

To address these challenges, the Early Action Together (E.A.T.) programme is delivering national transformation across Wales, to improve police and partner responses to vulnerability. To inform practice, this programme has drawn on evidence related to Adverse Childhood Experiences (ACEs) and the life-long impact the associated trauma of ACEs can have. The programme seeks to develop a whole systems response to vulnerability, by developing a multi-agency collaborative approach to improve the identification of risk and vulnerability, prevent escalation and reduce repeat demand. This whole system response intends to implement ACE and trauma-informed approaches for operational policing and key partners, providing an integrated 'front door' for vulnerability that signposts, supports and safeguards vulnerable individuals.

1 Bellis MA, Kathryn A, Hughes K, Ford K, Bishop J, Paranjothy S. Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population. [Internet]. Cardiff; 2015. Available from: [http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf)

2 Ford K, Kelly S, Evans J, Newbury A, Meredith Z, Roderick J. Adverse Childhood Experiences : Breaking the Generational Cycle of Crime Turning Understanding into Action: Summary Report. Public Heal Wales. 2017;

Public Health Wales (PHW) carried out an independent process evaluation across five of the local authority areas in Wales, which have developed and embedded multi-agency integrated early intervention and prevention services as part of the E.A.T. programme. The aims of the evaluation were:

1. To understand the pathways of support for vulnerable people, including existing systems and processes in place to embed change;

2. To understand what multi-agency collaborative working arrangements are in place to provide support to address the needs of children and families;

3. To explore the role of police in enabling early intervention and prevention and the implementation of collaborative working practices to enhance access to support; and,

4. To assess the enablers and blockers to effective multi-agency working practice and service delivery.

Fifty-three semi-structured interviews were completed with a range of staff members that worked within police and early intervention and prevention (early help) services.

Key Findings

Findings from interviews demonstrated that early help services are adept in providing early intervention and prevention to vulnerable children and families with a diverse range of needs. These services are considered effective in reducing escalation to statutory services by working with the whole family to address the root causes of problems and develop resilience.



Existing pathways of support

There are a number of opportunities for vulnerable children and families to receive support from early help services, but the most common pathway is referral into the local authority. Local authorities reported that they receive referrals across a wide range of services, with police, education and health professionals considered to be submitting the highest number. Social care practitioners and early help staff recognised that the police are integral in identifying vulnerable individuals early and acting as a gateway for support from other services.

The referrals are reviewed within the local authority Information Advice and Assistance (IAA) service or safeguarding hub. However, this process can vary by force area or local authority, with some forces directing referrals straight to social services. Once early help services receive the referrals, assessments are carried out to identify the needs of the whole family and aid the decision on the support required. Pivotal to these assessments, and required by the Social Service and Wellbeing (Wales) Act 2014, are the 'what matters' conversations carried out with children and families to understand their current situation and well-being needs and capture their perspective on what can be done to support them, promote their well-being and build their resilience.

Interviews across all five of the local authorities demonstrated that for children and families who accept the offer of support from early help services, there is an extensive range of provisions available. This can include support and intervention for children's emotional and behaviour problems, domestic abuse, financial difficulties, parenting, education and mental and physical health needs.



Existing multi-agency collaborative arrangements

Early help teams often consist of different roles co-located to provide integrated service delivery, including social workers, family support and intervention workers, housing, health practitioners (e.g. health visitors) and education professionals. However, children and families can also be signposted to other services to provide support, should it not be directly available as part of the early help team. Participants highlighted that early help services alone would not be able to provide holistic support to all families without utilising other services available. Collaborative working among partner agencies is a key element of early help service delivery, allying with other public and third sector organisations to provide support to children and families. Furthermore, early help services work closely with child protection services to ensure joined up service delivery, and to seek support on cases, which may have escalating risk.



The role of police in enabling early intervention and prevention

The E.A.T. Local Delivery Teams (LDTs) have worked with each local authority early help service to review existing systems, processes and practices, and to consider how police can work collaboratively with services to improve access to early help support for vulnerable people. Working on the principle of building into existing systems and processes, the changes initiated by the LDTs vary across local authority. Findings from interviews reflect the significant changes made force-wide to improve police responses to vulnerability at the first point of contact, as well as more targeted change to develop integrated working practice.

All force areas delivered ACE trauma-informed multi-agency (ACE TIME) training to upskill the workforce to improve police response to vulnerability and promote collaborative multi-agency working. Both police and partners highlighted the positive impact the training had on augmenting knowledge and understanding of the potential impacts of trauma on individuals and the opportunities for police to intervene to break the generational cycle of ACEs. Furthermore, evidence suggests the training has improved responses to vulnerability, where officers and staff are using the ACE LENS (Look, Explore, Assess Needs and Signpost/Support/Safeguard) to identify appropriate services for the level of need, thus, enabling proportionate responses to concerns.

Social care practitioners across the three forces reported improvements in the referrals they receive from police. Both police and partners have previously reported these referrals to be too long, difficult to read, poor in quality, and at times, inappropriate for low level (non-statutory) concerns. Police officers and staff received guidance on completing referrals within the ACE TIME training, and some forces provided direct on-the-ground support and feedback (North Wales and Gwent), and specific training on the submission of Public Protection Notifications (PPNs) delivered by the ACE Coordinators (Gwent police). In addition, North Wales Police created a referral form for police to refer directly into early help for concerns which do not require statutory consideration. Since the delivery of the E.A.T. programme, the police are reported to have a better understanding of the value of their referrals and the importance of putting the time in to making them more detailed. Nevertheless, police and partners continued to report the need for more specific training on completing police referrals to include more guidance on the information they need to include and in some areas, when it is appropriate to submit a direct referral to early help in place of the police referral.

Furthermore, the LDTs have developed integrated multi-agency working practices to improve the outcomes of police referrals by reducing the number that result in 'no further action'. Across each force area, police capacity has been built into existing systems and processes to improve the outcomes

of lower level, non-statutory referrals. In Bridgend, Blaenau Gwent and Newport, police work collaboratively with early help and child protection representatives to screen police referrals, share information on a family's history, and make a decision on the most appropriate route for support. Similarly, in Flintshire and the Isle of Anglesey, police officers or staff have been embedded into the early help hub to review the referrals once they have been routed to early help. The findings highlighted better informed risk assessment and decision-making, a reduction in the referrals sent to statutory services and an increase in the number of referrals picked up by early help. This demonstrates that referrals were being routed appropriately based on the needs.

Furthermore, in South Wales, Police Community Support Officers (PCSOs) have been embedded into the early help hubs to support practitioners and staff with assessment and support, including the attendance at joint visits and offer of intervention to address concerns of a criminogenic nature. As a result, the PCSOs have enabled better information sharing for the protection of vulnerable people, improved safeguarding of social care staff, improved relationships between the police and local community, increased support for victims, and enhanced problem solving.

Irrespective of the approach implemented by police forces to integrate multi-agency working, staff across all areas acknowledged that services had seen more accurate assessment of risk and need; improved management of cases; better understanding between professionals and greater efficiencies in processes and resources. Further acknowledgement was given to the integral role the police provide in terms of information sharing and risk assessment, not only for vulnerable individuals but also for the staff supporting them.



Enablers and blockers to effective service delivery and multi-agency working

As a result of policy changes, there have been improvements in the level of autonomy services users have over the type of support they receive, and greater access to support at the first point of contact. However, early help staff expressed concern that caseloads are rising with an increase in demand regarding individuals with more complex and high-risk need. Staff felt concerned that this increased complexity required further qualifications that may be more suited to the role of a social worker. For example, some felt nervousness around thresholds and the level of risk early help staff hold if demand and complexity does increase. Arguably, there is a strong need for early help staff to receive greater clarity on the thresholds for safeguarding services, to be supported to escalate concerns up to child protection services, and to be able to professionally challenge when they consider the risk to be inappropriate.

Additionally, senior management within early help services highlighted challenges experienced around providing a sustainable service and retaining staff due to the short-term funding nature of service provision.

Conclusions and Recommendations

The E.A.T. programme has successfully begun to drive change across Wales to improve responses to vulnerability through the implementation of ACE and trauma-informed approaches for operational policing and key partners. This has begun to develop a whole systems approach, providing an integrated 'front door' for vulnerability that signposts, supports and safeguards vulnerable individuals. Findings highlighted improvements in practice following delivery of the ACE TIME training, PPN workshops and direct feedback on the submission of police referrals, and collaborative joint screening of referrals within early help services. The findings demonstrate positive outcomes, including more appropriate and proportionate responses to vulnerability from police. This has the potential to reduce the reliance on child protection services, and improved referrals to enable better outcomes for those referred. Police are providing more information and enabling a better assessment of risk, whilst working collaboratively with services to problem solve within their local communities. Irrespective of the approach implemented by police forces to integrate multi-agency working, staff across all areas acknowledged that collaborative multi-agency working practices provide a more accurate assessment of risk and need, better understanding between professionals and greater efficiencies in process and resources.

The evaluation has led to the following recommendations:

Police

- All police forces should deliver specific referral training or input into the referrals they submit to agencies. Where possible, social care practitioners responsible for reviewing these referrals should support the development and delivery of the training. This allow officers to gain a better insight into the importance of the referrals they submit, and provide partners with further opportunity to understand policing.
- All police forces should engage with local authority partners to consider the use of the police referrals submitted and whether there are opportunities to further streamline the referral process. This includes the potential for the four police forces to have a common social care referral form, which is better suited to the needs of the service.
- All forces to consider sustained delivery of the feedback loop to inform officers of the outcomes of the referrals they submit. This can inform delivery of continued support from officers and staff working with repeat service users, and may act to sustain improvements to the referrals made.
- Better information sharing between police and partners to ensure the appropriate safeguarding of vulnerable persons. Information sharing also needs to include any facts which could help protect staff supporting children and families that pose a threat of harm to staff.
- Police forces should continue to encourage ACE and trauma-informed responses to vulnerability, to ensure the changes to police practice are maintained over time.



Early help

- Further clarity and guidance to be provided to local authorities on the Children and Community Grant. Consideration of a review of the use of the funding to assess the shift in resource allocation and the impact this has on the delivery of preventative services.
- Early help staff to be given greater clarity on the local authority thresholds, and be supported by management to escalate concerns up, and professionally challenge where they feel they are holding inappropriate risk.
- In line with the information sharing protocols, local authorities need to provide further guidance to all agencies on the boundaries for information sharing for children and families without safeguarding needs.
- A review of the cases early intervention and prevention services are holding, to assess the needs of the children and families, levels of risk and interventions delivered. This will provide a better understanding of thresholds



Further research

- Further research to assess the impact of change using police and local authority data and to assess the quality of police referrals. This should consider the longer-term impact of the programme to consider further work to sustain and further develop the work delivered in each local authority.
- Further research to assess the impact of early help service delivery and the E.A.T. changes embedded from a service user perspective.





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Early Action Together is a partnership between Public Health Wales, the four Wales Police Forces and Police and Crime Commissioners, Barnardo's, HM Prison and Probation Service Wales, Community Rehabilitation Company Wales and Youth Justice Board Wales.

Contact information

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